

Louisiana

Data as of July 2003

Mental Health and Substance Abuse Services in Medicaid and SCHIP in Louisiana

As of July 2003, 990,544 people were covered under Louisiana's Medicaid and SCHIP programs. There were 896,166 enrolled in the Medicaid program, and 94,738 enrolled in the Medicaid SCHIP Expansion program. In federal fiscal year 2001, Louisiana spent \$2.88 billion to provide Medicaid services.

In Louisiana low-income children may be enrolled into the Medicaid program or a Medicaid SCHIP Expansion Program, depending on the child's age and the family's income.

- Medicaid covers infants from families with incomes of no more than 133% (unless born to a Medicaid eligible mother) FPL; children age 1-5 in families with incomes of no more than 133% of FPL, and children ages 6-18 in families with incomes of no more than 100% of FPL.
- The Medicaid SCHIP Expansion Program serves all children through age 18 from families with incomes of 200% FPL or less who do not otherwise qualify for Medicaid.

Louisiana operates a Primary Care Case Management (PCCM) program but mental health and substance abuse services are not within Primary Care Case Management (PCCM) providers' scope of authority. Therefore, all Medicaid beneficiaries and SCHIP enrollees receive mental health and substance abuse services through the unmanaged fee-for-service system. Nonetheless, as of July 2003, about 505,433 Medicaid were enrolled into the PCCM program.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low-income families who would have qualified for AFDC under the requirements in effect on July 16, 1996.
2. Pregnant women from families with incomes up to 200% of FPL.
3. Children through age 5 in families with income of 133% FPL or less
4. Children aged 6 through 18 in families with incomes of 100% FPL or less.
5. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

Aged, Blind, and Disabled

1. All individuals receiving SSI.
2. Aged, Blind and Disabled individuals who have been in institutions for at least 30 consecutive days and who have incomes of no more than 300% of the maximum SSI benefit.
3. Individuals under the age of 18 who are receiving active treatment as inpatients in psychiatric facilities or programs, reside in a nursing facility, or reside in an ICF-MR.

Medically Needy

Members of the following groups may qualify for Medicaid coverage as Medically Needy if they have sufficient medical expenses to 'spend down their income to a state-established limit.

1. Pregnant women
2. Aged, Blind, and Disabled
3. Caretaker relatives

Waiver Populations

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Louisiana does not have an 1115 waiver.

What Mental Health/Substance Abuse Services are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service Louisiana Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Louisiana must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Mandatory State Plan Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient Mental Health	Medically necessary evaluation, diagnosis, and treatment services provided in a general acute care hospital	<ul style="list-style-type: none">• All admissions, including those for acute psychiatric care, to acute care and rehabilitation hospitals require registration and length of stay assignment• The service must be needed for treatment of illness or injury which can be provided safely and adequately only in a hospital• Psychiatric care in an acute hospital is limited to care needed to treat an acute psychiatric condition.

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Care	Services include emergency room services, rehabilitation services, and clinic services	<ul style="list-style-type: none">• Visits to an outpatient hospital count toward the combined 12 physician visits per year allowed adult beneficiaries.• Outpatient hospitals may provide mental health services as defined under optional services, if the service meets the same coverage requirements.
Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)	Services provided in an FQHC or RHC, including those provided by a physician, psychologist, or licensed social worker	<ul style="list-style-type: none">• FQHC and RHC visits count toward the combined 12 physician visits per year allowed each adult Medicaid beneficiary.• FQHCs and RHCs may provide mental health services as defined under clinic services, if the service meets the coverage requirements that apply to services provided by a mental health clinic.

Physician Services		
Service	Description	Coverage Requirements
Physician Services	Services, including mental health services, provided by a physician acting within his/her scope of practice	<ul style="list-style-type: none">• Up to 12 outpatient physician visits are allowed per year to adult Medicaid beneficiaries. Services from outpatient hospital clinics, FQHCs and RHCs also count toward this limit.• The service must be within the physician's scope of practice as defined in state law.• Mental health services provided by a physician must meet the same coverage requirements as those provided by another type of provider. Most of these are described under "optional clinic services" later in this document.

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EPSDT Services

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
EPSDT Services	<p>Services, including mental health services will be covered under EPSDT even when that care is not otherwise covered by Medicaid to the extent that services on an outpatient basis are projected to be more cost effective than services provided on an inpatient basis. In this case:</p> <ul style="list-style-type: none"> • Service limits, such as the limit of 12 physician visits/year may be exceeded • Types of service that could be covered under federal Medicaid law but that Louisiana has not chosen to cover may be provided. 	<ul style="list-style-type: none"> • The beneficiary must be under age 21 • Services must be medically necessary to correct or ameliorate defects as well as physical and mental illnesses and conditions discovered by the EPSDT screen. • State plan service limitations do not apply for children whose need for service results from an EPSDT screen. • All services beyond those otherwise covered by Medicaid must be prior authorized by the Medicaid agency or its designated agent.
Substance Abuse services	Substance abuse services provided to children under age 21.	<ul style="list-style-type: none"> • The beneficiary must be under age 21 • Services must be medically necessary to correct or ameliorate defects as well as physical and mental illnesses and conditions discovered by the EPSDT screen. • Services may only be obtained through the Office of Addictive Disorders

Optional State Plan Services

Clinic Services		
Service	Description	Coverage Requirements
Mental Health Clinic Services	<ul style="list-style-type: none"> • Outpatient mental health services provided by a public mental health clinic. • Substance abuse services are not covered. 	Beneficiaries may receive no more than one procedure per day of mental health clinic services.

Inpatient Psychiatric Services (for persons under the age of 21)		
Service	Description	Coverage Requirements
Inpatient Psychiatric Services	Services provided in Title XIX certified psychiatric hospitals	<ul style="list-style-type: none"> • No beneficiary may be admitted to a long-term psychiatric hospital or distinct part psychiatric unit in an acute care general hospital without precertification of admission and length of stay assignment from the Medicaid agency or its designated agent. • Beneficiary must be under age 21.

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Rehabilitative Services		
Service	Description	Coverage Requirements
Community Mental Health Rehabilitative Services	<ul style="list-style-type: none">Services must be medically necessary and needed to reduce an individual's disability resulting from mental illness and to restore that individual to his best possible functioning level in the community.Services include:<ul style="list-style-type: none">- Assessment- Clinical management- Medication management- Individual intervention- Parent/family intervention- Group counseling- Behavior intervention development- Individual psychosocial skills training- Group psychosocial skills training- Service integration- Supportive counseling	<ul style="list-style-type: none">Prior approval from the state office of mental health is requiredServices may only be provided as part of an active treatment plan.A physician must recommend services.

SCHIP Medicaid Expansion Program

Who is Eligible for the Medicaid SCHIP Expansion Program?

The Medicaid SCHIP Expansion Program serves

1. Children age 1-5 from families with incomes from 133-200% FPL
2. Children age 6-18 from families with incomes from 100-200% FPL.

What Mental Health/Substance Abuse Services are Covered by the Medicaid SCHIP Expansion Program?

The Medicaid SCHIP Expansion Program in Louisiana covers the same mental health and substance abuse services as the Medicaid program, described earlier in this report, using the same service delivery system.

Separate SCHIP Program

Louisiana does not have a Separate SCHIP Program